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PRIZED LITH ITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS	

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: []IXC []CLEC []ILEC []Wireless

CERTIFICATED COMPANY INF	ORMATION
Comcast Phone of South Carolina, LLC	
Company Name	FEIN/SSN 1-800-934-6489
Dba/fka	Telephone #
2605 Circle 75 Parkway SE	
Mailing Address	
Atlanta, GA 30339	
City, State, Zip Code	
One Comcast Center, 1701 John F. Kennedy Bouley	ard
Business Location	
Philadelphia, PA 19103	<u>Philadelphia</u>
City, State, Zip Code	County

REGISTERED AGENT INFORMATION
Registered Agent: CT Corporation System
Mailing Address: 2 Office Park Court, Suite 103
Columbia, SC 29223
City, State, Zip Code

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

	<u>N/A</u>				
Α.	General Manager (Include Address if different than above)				
		1	1		
	Telephone Number	/ Facsimile Number	/ E-mail Address		
	Nicole Patel - com	<u>cast state regulator</u>	y complaints@cable.comcast.com		
B.		mplaints Representative	(Include Address if different than above)		
	<u>877-541-9834</u>	/ n/a	/ see above		
	Telephone Number	/ Facsimile Number	/ E-mail Address		
	See B, above				
C1.		mplaints Representative	for Escalated Complaints (Include Address if different		
	than above)				
	<u> </u>				
	Telephone Number	/ Facsimile Number	/ E-mail Address		
	1-800-934-6489				
C2.	Customer Contact (Toll				
5			lorth Charleston, SC 29405		
D.		(Include Address if differ			
	843-266-3153	<u>/ n/a                                  </u>	/ david harris7@cable.comcast.com		
	Telephone Number	/ Facsimile Number	/ E-mail Address		
_			erce Drive, Savannah, GA 31405		
E.		e Address if different than a			
	865-862-5032	/ n/a	/bradlev_dorcas@cable.comcast.com		
	Telephone Number See E, above	/ Facsimile Number	/ E-mail Address		
F.		Ion Office Hours			
г.	Emergencies (During N 865-755-2630		1		
		/ Facsimile Number	/ E-mail Address		
	Telephone Number	/ Facsimile Number	/ E-mail Address		

			contact information to assist in proper routing of			
<u>orrespon</u>	dence and invoi	<u>ces:</u>				
<u>Da</u>	avid Konuch, V	P, Regulatory Affairs	<b>&gt;</b>			
. Re	Regulatory Officer (Name & Title) 2605 Circle 75 Parkway SE, Atlanta GA 30339					
	iling Address)	1040 000 4045	(david beauch @seesest sees			
	<u>′8-630-1307</u>	/ 248-233-4645	/david konuch@comcast.com			
	ephone Number	/ Facsimile Number	/ E-mail Address			
	ee G, above.					
An	Annual Report Mailings (Name & Title)					
(Ma	iling Address)	· <u>·</u>				
=-						
iel	ephone Number	/ Facsimile Number	/ E-mail Address			
Ja	mes Gray, Sr.	Director				
	al Party Mailings (					
20	00 Cresson Blv	vd, Phoenixville, PA 1	9460			
	iling Address)					
	<u>0-665-2536</u>	/ n/a	/ Jim Grav2@cable.comcast.com			
	ephone Number	/ Facsimile Number	/ E-mail Address			
	e I, above	Winne (Name O Title)				
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<u>(Ma</u>	iling Address)					
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	vid A. Konuch		1			

RETURN COMPLETED FORM TO:

Title

This form was completed by

VP. Regulatory Affairs

Public Service Commission of SC **Docketing Department** 

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201

Signature

Date

<u>And</u>